Date Deposited:		05/24/2	004	(M	N 3 4 2000	0.35	U. S. Pate	nt an	Appi nd Tradem	rove ark	d for use thr Office; U.S.	ough 10 DEPA	PTO 0/31/2002. O RTMENT O	/SB/06 (08-00) MB 0651-0032 F COMMERCE			
PATENT APPLICATION FEE DETERMINATION RECORD											Application or Docket Number 8403.965 10-650374						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								-	SMALI	. EN	TITY	OR	OTHER T				
FOR			NUMBER FILED			NUMBER EXTRA				RATE		FEE	1	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))										iği GY	\$ <u>0</u>	OR		s_750			
TOTAL CLAIMS (37 CFR 1.16(c))			12 minus 20 =			* 0 0				x \$ 9	=	0	OR	x \$ 18 =	0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			4	min	us 3 =	* 1	0	0		x 42 =	-1	42	OR	x 84 =	0		
М	JLTIPLE DEPEN	DENT C	LAIM PRE	AIM PRESENT (37 CFR 1.16(d))			0			+ 140 =	-	0	OR	₊ 280 <u>-</u>	0		
* If the difference in column 1 is less then zero, enter "0" in column 2									•	TOTAL		42	OR	TOTAL	750		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	. EN	птт	OR	OTHER T				
AMENDMENT A		REMA AFT	AIMS AINING FER DMENT		NU PREV	HEST MBER HOUSLY D FOR		SENT TRA		RATE		ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	* 12		Minus	** 0	20	= /	0	,	x \$_9_=		9		x \$ 18 =	0		
	Independent (37 CFR 1.16(b))	+ 4		Minus	*** 0	4	- (2	,	x 42/	. (0	OR OR	x _84 _=	0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))									140	-	0	OR	₊ <u>280</u> =	0		
(Column 1) (Column 2) (Column 3)								ΑD	TOTAL DIT. FEE		0	ORA	TOTAL DDIT. FEE	0			
AMENDMENT B	•	REMA AF	AIMS AINING FER DMENT		NU PREV	GHEST IMBER IOUSLY D FOR	1	SENT TRA		RATE	7	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(e))	• 0		Minus	** 0		=	0	k	: \$ <u> </u>	•	0	OR	x \$ <u></u> =	0		
	Independent (37 CFR 1.16(b))	* 0		Minus	*** 0		=	0	,	x <u>42</u>	_	0	OR OR	x <u>84</u> =	0		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									140	3	0	OR	+ 280 =	0		
	(Column 1) (Column 2) (Column 3)											0	OR A	TOTAL DDIT. FEE	0		
AMENDMENT C		REMA AF	AIMS AINING FER DMENT		NU PREV	HEST MBER TOUSLY D FOR	ı	SENT TRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	* 0		Minus	** 0		II	0	ļ	x \$ <u>9</u> :	-	0	OR	x \$ <u></u> =	0		
	Independent (37 CFR 1.16(b))	* 0		Minus	*** 0			0		x <u>42</u>	-	0	OR OR	x <u>84</u> =	0		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							d))		+ 140	æ	0	OR	+ 280 =	0		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													0				
*** [the "Highest Number "Highest Number	ber Prev	iously Paid	For" IN THIS	SPACE	is less than 3,	enter "	3".	in th	e appropr	iate	box in colur	nn I.				

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